

Survey, Certification and Credentialing
Commission
New England Building
612 South Kansas Avenue
Topeka, KS 66603-3404



Phone: (785) 296-4986
Fax: (785) 296-0256
wwwmail@kdads.ks.gov
www.kdads.ks.gov

Kari M. Bruffett, Secretary
Joe Ewert, Commissioner

Sam Brownback, Governor

July 28, 2015

PROVIDER NUMBER: 17E038

**IMMEDIATE JEOPARDY CORRECTED
NO OPPORTUNITY TO CORRECT**

Mr. Ron Friess, Administrator
Haviland Health And Rehabilitation
200 Main
Haviland, KS 67059

LICENSURE AND CERTIFICATION ABBREVIATED SURVEY

On July 24, 2015, an Abbreviated survey was concluded at your facility by the Kansas Department for Aging & Disability Services (KDADS) to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted immediate jeopardy to resident health or safety from May 17, 2015, through and including, July 22, 2015 for F223, CFR 483.13(b) & (c)(1)(i) and F323, CFR 483.25(h).

Based on the deficiencies cited on this survey and your facility's history of non-compliance on the Resurvey completed February 4, 2015, your facility will not be given the opportunity to correct deficiencies before remedies are imposed.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Enforcement Remedies

Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. Based on the deficiencies cited during your survey and the findings of Immediate Jeopardy and in accordance with sections 1819(h) and 1919(h) of the Social Security Act and 42 Code of Federal Regulations 488.417(b), your facility will be subject to the following remedies:

A per instance Civil Money Penalty (CMP) for F223, CFR 483.13(b) & (c)(1)(i) and F323, CFR 483.25(h) in the amount of \$10,000.00 in accordance with CFR 488.430

Denial of payment for new Medicare/Medicaid admissions effective August 17, 2015, if substantial compliance is not achieved by that time

Termination of your provider agreement effective January 24, 2016, if substantial compliance is not achieved by that time

NOTE: The above remedies are subject to change if substantial compliance is not achieved following subsequent visits per CMS Revisit Policy dated May 3, 2001.

Substandard Quality of Care

Your facility's noncompliance with F223, CFR 483.13(b) & (c)(1)(i) and F323, CFR 483.25(h) has been determined to be Substandard Quality of Care as defined at CFR 488.301. Sections 1819(G)(5)(C) and 1919(G)(5)(C) of the Social Security Act and 42 CFR 488.325(H) require that we notify the State Board responsible for licensing the facility's administrator of the substandard quality of care. Your facility's Medical Director and the attending physician of each resident who was found to have received substandard quality of care should be notified.

Please note that Federal law, as specified in the Social Security Act 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs (NATCEP) and nurse aide competency evaluation programs (CEP) offered by or in a facility which, within the previous two years has operated under an 1819(B)(4)(C)(ii)(II) or 1919(b)(4)(C)(ii) waiver, has been subject to the following: an extended or partial extended survey; assessment of a Civil Money Penalty of not less than \$5,000; or, a denial of payment, or termination. If any of these situations occur, NATCEP is to be denied, and you will be so advised in a separate notification. NATCEP will be prohibited since an extended or partial extended survey was conducted at your facility. You will be provided further information regarding this matter from Health Occupations Credentialing with KDADS.

If you disagree with this action, you have the right to appeal the actions by requesting a fair hearing in accordance with K.A.R. 30-7-64 et seq. Your written request for a fair hearing should be mailed to or otherwise delivered so that it is received by the **Department of Administration, Office of Administrative Hearings, 1020 S. Kansas Avenue, Topeka, KS 66612-1311** within 60 days from the date of this letter. Failure to request or pursue a fair hearing appeal in a timely manner may adversely affect your rights.

If you would like to waive your right to a hearing, you must do so **in writing** within 60 calendar days from the date of the notice of imposition. If you waive your right to a hearing in accordance with the requirements specified at 42 CFR 488.436, the amount of the CMP will be reduced by thirty-five percent. You may submit your written request to waive your right to a hearing to:

LaNae Workman
Kansas Department for Aging & Disability Services
Financial & Information Services Commission
503 S. Kansas Ave.
Topeka, KS 66603-3404

After you submit a timely written waiver of your right to a hearing, we will send you a letter with instructions on how to remit the adjusted amount of the CMP to KDADS.

Plan of Correction (POC)

At the conclusion of the survey, you were provided a CMS-2567L (Statement of Deficiencies) which listed the deficiencies found at this survey. You should submit your Plan of Correction online at www.kdads.ks.gov. An acceptable Plan of Correction will constitute a credible allegation of compliance. The Plan of Correction must contain the following in order to be acceptable:

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur.
4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: (the facility must develop a plan for ensuring that correction is achieved and sustained) and,
5. Include the dates corrective action was completed.

Informal Dispute Resolution (IDR)

In accordance with CFR 488.331, you have one opportunity to question newly identified deficiencies or a different example of a previously cited deficiency through an informal dispute

resolution (IDR). You may also contest scope and severity assessments for deficiencies which resulted in a finding of substandard quality of care or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute substandard quality of care or immediate jeopardy) to:

Joe Ewert, Commissioner
Survey, Certification and Credentialing Commission
Kansas Department for Aging & Disability Services
612 South Kansas Avenue
Topeka, KS 66603-3404

KDADS must receive your written request for IDR within 10 calendar days of your receipt of the statement of deficiencies. An incomplete IDR process will not delay the effective date of any enforcement action.

If you have any questions concerning the instructions contained in this letter, please contact me at (785) 296-1265.



Mary Jane Kennedy, LBSW
Complaint Coordinator
Survey, Certification and Credentialing Commission
Kansas Department for Aging & Disability Services

mjk

c: Teresa Fortney, KDADS, Regional Manager
Joe Ewert, KDADS, Commissioner
Audrey Sunderraj, KDADS, Director
LaNae Workman, KDADS